THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. XCIX. — THURSDAY, SEPTEMBER 19, 1878. — NO. 12.

A CASE OF ARSENICAL POISONING, WITH FATTY DEGENERATION OF THE LIVER, KIDNEYS, AND GASTRIC GLANDS.[1]

BY MEDICAL EXAMINER J. G. PINKHAM, M. D., LYNN.

Harry C., aged four years, previously in good health, was taken on the morning of November 19, 1877, with vomiting and gastric distress. As the physician who was called failed to recognize the true nature of the attack, and no appropriate remedies were administered, the case may be said to have progressed without treatment. According to the statements of the child's attendants the symptoms above mentioned continued with increasing severity until the morning of the 21st, about forty-four hours after the onset of the attack, when death occurred, preceded by stupor and convulsions. The vomited matters, which were dark-colored towards the last, were thrown away. Suspicions having been excited as to the cause of death, the writer, as medical examiner of the district, was summoned to investigate the matter, and an autopsy was made thirty-four hours after death, Dr. C. A. Lovejoy assisting.

The body was found to be well nourished. It presented the usual appearances resulting from hypostatic congestion. There was no rigor mortis. A careful examination was made of all parts accessible without section, and nothing abnormal discovered except slight parching of the lips, and some excoriation on the inside of the right cheek.

On section of the head the dura mater was found firmly adherent to the calvaria, as is usually the case in young children. There was a moderate amount of serum in the lateral ventricles, but perhaps no more than normal. The brain and its membranes were in appearance healthy. On laying open the abdominal cavity attention was immediately arrested by the large size and bright yellow color of the liver, the condition of which was obviously one of extreme fatty degeneration. On raising its lower margin the gall-bladder was seen to be distended with bile, some of which had transuded, staining the tissues beneath. The spleen was of normal size and color. The kidneys were of somewhat lighter color than usual, this appearance being especially observed in the cortical portion after section; but some of the pyramids of Malpighi were very dark. The stomach was removed entire, ligatures being placed above and below, and it, together with the liver, kidneys, and spleen, was sent to Dr. Wm. B. Hills, of the Harvard Medical School, for a chemical and microscopical examination.

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[1] Read before the Massachusetts Medico-Legal Society, June 11, 1878.

The intestines were carefully examined, and it was found that the mucous membrane of the duodenum was intensely red and swollen, and covered with a tenacious coating of mucus. These conditions obtained also in the jejunum and ileum, decreasing from above downwards. The mucous membrane of the colon was somewhat reddened. The rectum was partially distended with solid fæces, its mucous membrane being normal in appearance, or nearly so. The bladder was empty and contracted. The heart and large blood-vessels appeared healthy. The right auricle was distended with black, somewhat firmly clotted blood; the left auricle was empty. The right ventricle contained a small amount of blood, partially clotted. The left ventricle contained a small clot, a portion of it decolorized. The valves were normal. The larynx, trachea, bronchi, lungs, and pleuræ were healthy in appearance.

The spinal cord was carefully examined, and no indications of disease or injury were discovered in either it or its membranes.

Dr. Hills returned the following report, which I present in a somewhat condensed form: —

"The stomach contained two and one half fluid ounces of a dark-brown, viscid liquid, which on standing deposited a reddish-brown sediment containing many dark-red bits of substance of varying size, which, on microscopic examination, proved to be little clots of blood. The color of the liquid was found to be due to admixed blood and bile. In addition to blood corpuscles the microscope showed epithelial cells from the glands of the stomach, a large amount of granular matter, and a considerable number of crystals of arsenious acid. In the course of four or five hours' searching I discovered perhaps three hundred of these crystals.

"The mucous membrane of the stomach was observed to be somewhat swollen, and covered with a closely-adhering coat of mucus. It was for the most part pale in color, but reddened in patches, particularly over the greater curvature, the redness assuming principally a dotted form. There were also a few small dark patches near the pylorus, due to blood effused beneath the mucous membrane. Under the microscope the liver appeared to be in a state of extreme fatty degeneration, a fact obvious, indeed, to the unaided eye. There was quite extensive fatty degeneration of the kidneys, and also of the epithelium lining the peptic glands. One fifth of the contents of the stomach and one fifth each of the liver, kidneys, and spleen were tested together for the mineral poisons by appropriate methods. The result of this analysis was the discovery of arsenic. A portion of the liver (one fifth) tested separately for arsenic failed to show its presence. The contents of the stomach, tested as in the first instance, revealed unmistakably the presence of arsenic.

"No separate examination was made of the spleen or kidneys. It was not thought advisable to make a quantitative analysis without a special order from the medical examiner or court. It was estimated, however, that there might be one half grain of white arsenic in the contents of the stomach."

The symptoms in this case, the post-mortem appearances, and the result of the chemical analysis make it certain that the death was caused by poisoning with arsenic.

The extensive fatty degeneration observed suggests several inquiries, which I shall state, and endeavor briefly to answer.

(1.) Was this fatty degeneration due to the action of the arsenic?

This question must be answered in the affirmative, for there is no other cause to which the morbid change could reasonably be ascribed, inasmuch as the child was in good health before its two days' illness, which was undoubtedly due to the poison; and, besides, it is now a well-recognized fact that arsenic, in common with phosphorus, antimony, and various other poisons, will cause fatty degeneration, and in a space of time even less than was occupied in this instance. In support of this latter statement, H. C. Wood, Virchow, Rindfleisch, Casper, Hoffmann, Tardieu, Orth, Wagner, and other authorities might be cited.

There is, however, a singular absence of references to this subject in our standard English works. Even the latest edition of Taylor's great work on Medical Jurisprudence (1873) simply speaks of a case observed by Dr. Greiner, but says, in general terms, "The liver, spleen, and kidneys present no appearances which can be connected with the action of arsenic, although these, like other soft organs, may become receptacles of the absorbed poison."[1]

On the other hand, Casper says, "We find often in arsenic poisoning a fatty condition of the liver, heart, and kidneys."[2]

Naunyn speaks of this action of arsenic as a recent discovery; and so it must be regarded, since only recent publications give it full and explicit recognition.[3]

This fact is all the more remarkable from the prominence of arsenic in the literature of medical jurisprudence. Probably no other substance has been used so frequently with criminal intent. Its tastelessness, the ease with which it can be procured, and the certainty of its action have combined to render it a favorite agent of destruction with the Borgias and Tophanias of nearly all countries. Hundreds of cases of arsenical poisoning have been studied and recorded, and yet, strange to say, the remarkable phenomenon under consideration has not been clearly recognized, at least in our own country and England, until within a comparatively few years. But its occurrence must now be considered as established beyond the possibility of question.

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[1] Principles of Medical Jurisprudence, vol. i., page 254.

[2] Hand-Book of Legal Medicine.

[3] Ziemssen's Cyclopædia (Am. Trans.), vol. xvii., page 54.

(2.) In what way does arsenic act to cause fatty degeneration?

The most plausible theory seems to be that the fatty degeneration is the final stage of a parenchymatous inflammation, resulting, probably, from the direct irritant action of the poison after absorption. The irritation so produced causes an increased absorption of nutritive material — albuminates, and possibly fat — into the cells, which become enlarged, presenting the condition known as granular degeneration (in its higher stages, the cloudy swelling of Virchow), and undergoing finally the fatty change.

Orth, in his Compend of Diagnosis in Pathological Anatomy, an excellent work, now happily accessible to us all, in speaking of affections of the stomach (page 289), says, "The next in frequency [to acute and chronic catarrh] is what is styled by Virchow parenchymatous inflammation, and like the corresponding affections of the kidneys, liver, etc., which appear in certain cases of poisoning (phosphorus, arsenic), in acute infective diseases and similar affections (acute atrophy of the liver), consists in a cloudy swelling, and at a later stage fatty degeneration of the cells of the gastric glands."

Again (page 322), in speaking of the liver, he says, "The more extreme degrees of parenchymatous inflammation, when the cloudy swelling results in fatty degeneration, occur principally in two affections, — in poisoning by phosphorus (also arsenic) and in acute atrophy of the liver, the ætiology of which has never yet been ascertained. In cases of *phosphorus poisoning* the nature of the process is by no means universally agreed upon, as an abnormally large, bright-yellow liver, with icterus, greatly resembling the ordinary jaundiced, fatty liver, is often found; in consequence of this resemblance certain authors have maintained that the two are identical, and deny the existence of the parenchymatous inflammation. Other authorities (Virchow, Rindfleisch) contend that the essence of the process is a parenchymatous inflammation, in which, according to Rindfleisch, large fat drops are formed, while according to Virchow both fatty degeneration and fatty infiltration occur; and the latter may also be due to the phosphorus, which may possibly render the cells more capable of containing fat. At any rate, upon microscopic examination, besides the cells containing large *fat drops*, like those seen in fatty infiltration, others are found beginning to disintegrate, which is usually not the case in infiltration. This question might be *positively settled*[1] if atrophy of the liver resulted by the absorption of the fatty detritus, but death always occurs before this can take place, and a well-authenticated case of atrophy after phosphorus poisoning has never been observed." This was published in 1876. In the *British Medical Journal* for April 6th of the current year a case is reported in which an autopsy revealed atrophy of the liver after death from phosphorus poisoning. The person lived about eight days after taking the poison. He had had liver disease seven years previously. If this case be regarded as authentic, then, according to Orth, the question as to the nature of the fatty change in phosphorus poisoning is definitely settled in favor of the view that there is an actual degeneration, and not an infiltration alone. The reporter of this case regards it as confirmatory of the opinion expressed by Wagner that many instances of acute atrophy of the liver are really cases of phosphorus poisoning.

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[1] The italics are mine.

Although the above refers to poisoning with phosphorus alone, yet as this substance produces the same result as arsenic it is reasonable to conclude that any explanation of the action of one would be true also of the action of the other.

Various theories have been advanced to account for the final change by which the albuminates of the affected tissues are converted into fat or displaced by it; but this question is one which pertains to the pathology of fatty degeneration in general, and does not come within the scope of this paper.

(3.) In what length of time will arsenic cause fatty degeneration?

Casper mentions a case, fatal in ten hours, in which fatty degeneration had commenced in the liver. In another case, reported in *Virchow's Archiv*,[1] death occurred in seventeen hours, and there was found fatty degeneration of the heart, diaphragm, liver, and kidneys.

Saikowski[2] made numerous experiments upon animals, to elucidate the question of the action of arsenic and other poisons in causing fatty degeneration. He found that comparatively large doses of white arsenic (two grammes) given to rabbits produced in twenty to twenty-eight hours fat in the liver, kidneys, and muscles of the heart, just as in cases of chronic poisoning with small doses. There is reason to suppose that arsenic begins to exert its irritant action as soon as it is absorbed into the tissues. It has been proved by chemical tests that it may reach the liver in four hours after ingestion. The minimum time required for the subsequent changes has not been determined; but from what has been already demonstrated, we are safe in asserting that the final stage of fatty degeneration may be attained in a few hours after the poison is absorbed.

(4.) Is arsenic always found in the affected tissues?

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[1] Vol. xxxiv., page 208.

[2] Virchow's Archiv, vol. xxxiv., page 73.

This question must be answered in the negative. In the present case Dr. Hills found no arsenic in the liver, although that had experienced its extreme effects. In the case before mentioned as fatal in seventeen hours no arsenic was found in the contents of the stomach or intestines, in the liver, spleen, or kidneys. Yet arsenic was without doubt the cause of death in this instance, and both the liver and kidneys were in a state of fatty degeneration.

This failure to find arsenic in the tissues is by no means an unusual circumstance. Two explanations suggest themselves: first, that the poison exists in so small quantities as not to respond to the tests employed; and, second, that it may have passed out in the process of elimination, leaving only its mischievous effects behind. Authorities generally concur in the statement that absorbed arsenic cannot always be detected, or that it *has* not always been.

(5.) How frequently does fatty degeneration follow poisoning by arsenic?

Dr. Hills, to whom I am indebted for much valuable assistance in looking up the authorities on this subject, has references to upwards of forty reported cases, mostly in foreign journals.

As the fact of the occurrence of this phenomenon passed so many years unrecognized, we may dismiss the greater number of cases in which it was not observed as by no means proving a negative, even in those instances. When death occurs a short time after the ingestion of the poison there may be only granular degeneration, or the very beginnings of the fatty change. It would require, oftentimes, the use of the microscope by an expert in pathology to detect these conditions. Exact pathological research is not common among physicians. For these reasons there is little difficulty in believing that in many cases of arsenical poisoning fatty degeneration has existed without being discovered.

Saikowski[1] found fatty degeneration to follow uniformly the administration of arsenic to rabbits.

It is proper, then, to conclude that fatty degeneration very frequently results from arsenical poisoning. Probably either it or the preceding condition of granular degeneration is always present.

(6.) What is the medico-legal value of the facts observed?

The first consideration that presents itself is that the medical examiner, if not familiar with the fact that certain poisons cause fatty degeneration, might conclude, on opening the abdomen in a case like the present, that he had discovered the cause of death in the notable disease there manifest, and refuse or neglect to search further. He would be all the more likely to reach this conclusion if the subject of the examination had been intemperate or out of health previous to his final illness. But even in this case he might be in error, for intemperance, or ill health, and fatty degeneration might coexist without being related as cause and effect; and, besides, fatty degeneration, at least of the liver, is not always to be regarded as a sufficient cause of death. When it occurs as widely diffused as in this instance it must be looked upon as presumptive evidence of poisoning. The presumption would be much stronger if the history of the case excluded other rapidly acting causes, like acute infective diseases.

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[1] Loc. cit.

Therefore, in all cases, fatty degeneration should cause augmented suspicion of poisoning, and lead the medical examiner to continue his search. He should not rest satisfied with an examination of the stomach and organs manifestly affected, but extend his explorations even to the brain and other parts not usually submitted to the chemist.

I close with the following summary of conclusions: —

(1.) It is an established fact that arsenic, in common with phosphorus, antimony, and other poisons, will cause fatty degeneration of the liver, kidneys, gastric glands, heart, and other organs.

(2.) It acts after absorption, probably by its direct irritant power, causing parenchymatous inflammation, the final stage of which is fatty degeneration.

(3.) This effect may be produced in a few — certainly in ten — hours after the ingestion of the poison.

(4.) Arsenic cannot always be detected by chemical tests in tissues which have experienced its extreme effects.

(5.) Fatty degeneration is a frequent result of arsenical poisoning. Probably either it or the preceding condition of granular degeneration always exists.

(6.) The discovery of fatty degeneration post mortem, especially if widely diffused, should be regarded as presumptive evidence of poisoning, and as warranting a thorough chemical examination.

A CASE OF CEREBRAL SYPHILIS, WITH PERSISTENT HALLUCINATIONS OF HEARING.

BY JAMES B. AYER, M. D.

My patient, an unmarried man, twenty-nine years of age, was admitted to the McLean Asylum April 6, 1876.

The family history records insanity in a sister and two aunts, one on the father's and one on the mother's side.

Ten years before entrance he had suffered from depression of spirits, due to a love affair, and had traveled widely in the hope of regaining his former cheerfulness, but had not wholly succeeded when he returned from Europe and settled in the West. He became connected with a banking institution, and enjoyed fair health until two years before entrance, when he contracted syphilis. The chancre was followed by roseola, and in about six months (the date cannot be definitely fixed) symptoms of meningitis appeared, which lasted nearly three months. The patient was treated for syphilis, but how thoroughly and for what length of time is not known.

A few months after the disappearance of meningeal inflammation he gave up business, and returned to New England.

He began to be troubled with hallucinations of hearing, and heard "voices" constantly speaking to him, — urging him to this or that unreasonable act. When controlled by them he would become violent: once he threatened to shoot his doctor; on another occasion he became suddenly enraged, and shook his sister violently. He occasionally realized his condition, and came willingly to the asylum.

During the first two months of his residence there he frequently complained of severe headache, which would sometimes compel him to cry out. He would frequently clasp the back of his head (to which part he referred the pain) between his hands. He also complained of periostitic pains over the tibia, and suffered with attacks of asthma.

The hallucinations of hearing constantly bothered him. He imagined that a *spell* had been placed upon him by his relatives, and that they were influencing him through "some kind of magnetism." Neither up to this time nor subsequently was any symptom of paralysis noticed. He conducted himself in a quiet and gentlemanly manner, and did not seem to require special watching. He was placed upon

℞ Potassii iodidi . . . . gr. x.
Elix. Calisayæ . . . . ℥ ss. M.
Ter in die.

After two months he became somewhat morose, and preferred to remain in his room secluded. He began to exhibit dislike towards the physicians of the institution, whom he seemed to regard as agents for his destruction. He treated every one else in a handsome manner, and was not regarded as especially dangerous until September 25, 1876, at which time, while playing croquet in the grounds, he suddenly became infuriated by the *voices* urging him to free himself from those having charge of him. He immediately struck with his mallet one of the physicians, whose back was turned to him, causing serious injury.

I saw the patient three weeks after the assault. He had been placed under constant watch day and night, but had made no trouble. He had been very quiet, and had expressed sorrow, but evidently did not realize the character of his act, and soon ceased to refer to it. It was clear that the patient was in a demented condition, although his countenance showed considerable expression. He always seemed glad to see the superintendent and me, — listening attentively to all we said, and replying intelligently, but generally in monosyllables. He professed to be fond of reading, and would call for books from the library, but, although a book was generally open before him, he made little progress, scarcely turning a page a day.

Patient was myopic, but there had been no change in his sight for many years. Hearing was perfect, and there was no history of any ear disease.

For a while he could conceal his hallucinations, and I was unable to draw out the slightest clue regarding them. He claimed that the *voices* had disappeared, and with them his belief in magnetism. For the first two months of our acquaintance I felt confident that he was acting under the guidance of his imaginary directors, but this could not be proved. Near the end of December, 1876, however, while conversing with him, he suddenly burst out in anger, screaming out that his friends still "controlled" him, and that they and the doctors were leagued together against him. After threatening awhile his anger subsided as quickly as it came. From that time his hallucinations were not so easily concealed.

Once he justified himself for having taken vengeance on one doctor, and intimated that he should take the first opportunity to injure others. After this his insanity became still more apparent. He was noticed to keep his fingers in constant motion, warding off evil magnetic influences.

Last summer he again became crazed with the idea that a plot had been formed against him, and that he must fight to extricate himself. At one time he attacked the superintendent, but, fortunately, was not in a position to injure him. While out for exercise he would slyly pick up pebbles to throw at the doctors.

During the fall he became more confused, and at times was quite incoherent. Early in the winter he grew weaker, and began to complain of pain in the bowels.

This pain he referred to magnetic agents, whom he always spoke of mysteriously as "they," saying that "they" were squeezing up his bowels to hinder anything from passing through; also that "they" would not let him pass water. He spent much time at stool. Rectal examination under ether did not reveal the cause of the constriction.

At length the patient refused to swallow, and was fed through the œsophageal tube. At the same time the pulse became intermittent, ranging between 80 and 120, and he died of exhaustion the following day, twenty-one months after admission to the asylum, and nearly four years after the first appearance of specific disease.

The post-mortem examination was made by Dr. E. G. Cutler, twenty-eight hours after death.

There was good muscular development, with cadaveric lividity of the dependent portions of the body. The rigor mortis was well marked.

Both tables of the skull were somewhat thicker than usual, at the expense of the diploe. The calvarium was heavy and dense; in other respects normal. The dura mater was ordinarily transparent. A recent coagulum was found in the longitudinal sinus. There was nothing special in the pia, except that a patch, the size of a half dollar, over the upper occipital convolutions of the right side was adherent to the brain.

The middle cerebral artery of the right side contained a small spot of chronic endarteritis, which had diminished the calibre of the vessel about one quarter. There was a similar patch in the basilar artery, of somewhat larger size. The intima ran smoothly over these projections. On section they were found to consist of a yellowish-white, opaque tissue, and presented a marked contrast to the surrounding healthy tissue. The convolutions were somewhat flattened; the ventricles contained a trifle more fluid than normal.

Near the longitudinal fissure, in the upper part of the right occipital region, between two occipital convolutions, there was an indurated portion of brain corresponding to the patch of meningeal inflammation. The gray matter was found atrophied to one half its normal thickness. The neuroglia in the white substance beneath was increased, and the white substance exhibited a grayish tint, but nothing else abnormal.

Both lungs were in a state of hypostatic congestion. The bronchial tubes were filled with frothy mucus. A small cicatrix was found at the apex of the left lung.

The stomach, spleen, and kidneys were normal. There was a cellulitis in the connective tissue about the rectum. The prostate was enlarged, and a stricture was found in the membranous portion of the urethra.

To recapitulate: our patient when twenty-seven years of age contracted syphilis. A few months later meningeal inflammation appeared, followed by disturbance of the mind and of the special senses, of a paroxysmal and dangerous character, and accompanied by progressive dementia.

The *clinical history* of the case points strongly to syphilitic disease of the brain.

The pathological appearances, in my opinion, confirmed this diagnosis, although no gummatous tumor was found. The two principal points shown by the autopsy were: *First*, *localized inflammation of the pia, with adhesion to the subjacent atrophied cortical substance.* It is now known that gummata (I mean the various forms of heteroplastic tissue) are not always found in cases of cerebral syphilis, but (quoting Heubner) instead of new formations we find (in from one fifth to one quarter of all the cases) a *non-specific* inflammation arising from the membranes, and thence carried to contiguous brain substance. *Second*, *endarteritis* of the basilar and of the right middle cerebral artery from proliferation of cells of the epithelial lining. Heubner has shown that this form of growth, causing constriction in the arteries at the base of the brain, is quite constant in cerebral syphilis, and considers it an open question whether the growth is due to syphilitic disease of the epithelial coat of the arteries, or to irritation from diseased blood.

Treatment: Iodide of potash was given regularly from the date of the patient's admission to the asylum to within a few days of his death, but without perceptible benefit. Bromide of potash and chloral had no effect in controlling the hallucinations. Morphia was not employed in treatment of the hallucinations, the demented condition of the patient and the absence of severe mental suffering counterindicating its use.

It is to be regretted that so little is known regarding the early treatment of our patient.

In a large proportion of cases where syphilis affects the brain the early symptoms of the disease have been slight, and the patient has not undergone a thorough course of mercurial treatment.

RECENT PROGRESS IN THERAPEUTICS.

BY ROBERT AMORY, M. D.

Aconite. — Dr. G. H. Mackenzie, in the Edinburgh University Gold Prize Thesis,[1] presents the record of some experiments on animals which in a measure justify his belief that aconite paralyzes the excitability of the sensory nerve system in the following order: first, the peripheral filaments; second, the trunks; and, finally, the posterior (or sensory) nerve roots. Moreover, the motor tract undergoes a certain functional exaltation, or hyper-excitation, which either from fatigue or otherwise is replaced by a diminution of the motory function, and owing to the paralysis of the inhibitory or restraining nerve influence the muscular contractions are increased. Again, the pneumogastric filaments are at first paralyzed, and thus cause a diminution and subsequent abolition of the ordinary reflex response. Hence he summarizes its toxical action: (1.) The effect on the respiration is primary and due to the direct action of the drug on the sensory fibres of the vagus and the respiratory centre. (2.) It induces a series of symptoms closely resembling those developed after section of the vagus. (3.) It causes death partly by asphyxia and partly by a variety of collapse spoken of by Brown-Séquard as "characterized by a great diminution of breathing, produced by a peculiar influence on the central organs of respiration, the heart continuing to beat with more or less vigor."

Dr. Fothergill's report to the British Medical Association[2] on the antagonism of aconite to digitalis, atropine, chloral hydrate, and strychnine, presents a number of experiments with these drugs on various animals, and summarizes his results in the following deductions: (1.) The minimum lethal dose of Morson's aconitine for a guinea pig of one and a half pounds' weight is one twelve hundredth of a grain, for a rabbit of one and a half pounds' weight it is one four hundredth of a grain, and for a three-pound rabbit one three hundredth of a grain; the difference being due, probably, rather to age than to size. The younger rabbit took a comparatively larger dose. (2.) The minimum lethal dose of digitaline (Smith's) is nearly one grain to the pound weight in the rabbit. (3.) The simultaneous administration of digitaline and aconitine affords no protection. (4.) If digitalis be given in sufficient dose and a sufficient time (from five to nine hours) before a lethal dose of aconitine is administered, a distinct protection is afforded. (5.) When the digitaline is given at a less interval than five hours the toxic action of aconitine is intensified. (6.) Small doses of atropine, given before lethal doses of aconitine, exercise a decided protective influence. (7.) Small doses of aconitine do not appear to exercise any influence over lethal doses of atropine. (8.) Atropine in four-grain doses effectually antagonizes lethal doses of aconitine up to sixteen minutes after the administration of the latter. (9.) Atropine exercises no like influence over lethal doses of chloral. (10.) Strychnine exercises a potent influence over lethal doses of aconitine, but the experiments are too few to warrant very decided conclusions.

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[1] Practitioner for February, March, and April, 1878.

[2] British Medical Journal, August 4, 1877, and May 4, 1878.

Dr. C. A. Wright[1] read an interesting paper before the chemical section of the British Association, in which he stated that aconitum napellus (root) contains three separate alkaloids: aconitine (crystallizable), picra-aconitine (also crystallizable), and a third of lower molecular weight which is incapable of crystallization. The strong mineral acids and other reagents used to extract the alkaloid are likely to cause loss of crystallizable aconitine by alteration and decomposition. He prefers the tartaric-acid process of Duquesnel, but throws away the first rough crystals as being impure, and then separates the two crystallized products by sodic carbonate, and finally recrystallizes by ether.

Alcohol. — A criticism[2] on the third report on intemperance of the select committee of the House of Lords presents the views of prominent physicians upon the physiological and medical effects of alcohol. These views may be briefly summarized: Persons in health are better without the use of alcohol, although neither Dr. Brunton nor Dr. Sanderson "went so far as to say that a small quantity of alcohol was, generally speaking, injurious." "Alcohol is injurious in excessive cold weather, and, as a rule, in excessive heat also." Dr. Brunton refers to the

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[1] Lancet, September 15, 1877.

[2] British Medical Journal, December 15, 1877.

Ashantee expedition to prove "that during a march the use of liquor was found disadvantageous, but that during the rest at an evening meal a little rum, by stimulating the stomach, promoted appetite and digestion; and that this was the case more especially with the older men, in whom the processes of life are less active." About two ounces of alcohol will be generally utilized in the economy of a healthy man, whilst a larger quantity will indicate its presence by the elimination of alcohol in the breath and in other ways.

The abuse of alcohol produces derangements of the liver, disordered blood, and, in consequence, diseased kidneys and lungs. Then we get diseased heart and nervous system. "The general effects are, no doubt, first, congestion of these organs; next, increase of their fibrous tissue, which presses upon the secreting cells and induces general atrophy and fatty degeneration." We will not record the discussion showing the difference of opinion as regards the stimulant or sedative action of alcohol, assuming that this partakes more of a difference in the use of words than in the facts involved in the discussion.

Alcohol in Fever.[1] — Testi Alberico gives as the result of his clinical investigation on the action of alcohol, first, that alcohol does not produce any depression of temperature when given in febrile states of the system, though high temperatures do not *per se* constitute any contra-indication to its use. Second, alcohol as long as it remains unaltered in the system is a powerful dynamic of the vaso-motor nervous system. Third, as a consequence of the changes which alcohol undergoes in the system it indirectly becomes a valuable aliment, whilst it augments the metamorphosis of tissue.

Alcohol as a Local Application in Scalp Wounds. — Professor Gosselin[2] states that his clinical experience proves that the local application of pure alcohol in contused superficial wounds of the scalp promotes rapid healing, which appears to be an intermediate process between direct and indirect cicatrization, as after granulation and suppuration other modes of dressing require the formation of granulations. Such wounds treated by pure alcohol have less tendency to suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.

Dr. Alfred Carpenter, in the annual oration delivered to the Medical Society of London,[3] discusses this question of the use and abuse of alcohol in a strictly non-partisan manner. We wish we could present this paper in its length. We can at best give but a faint outline, and shall mention only what he says of the therapeutical properties of this agent. Dr. Carpenter distinctly states that in certain febrile conditions marked by a dry tongue and skin, with no sickness or signs of cerebro-spinal lesion, alcohol "soon produces a lower temperature, a slower pulse, a moister tongue, and a quieter condition of the system generally." "Internal congestion with unfilled cutaneous capillaries, an enfeebled action of the heart, are assisted by alcoholic stimulation by a kind of vaso-motor paralysis," as he calls it, which relieves the tension of the capillary vessels, and causes a diminution of the obstruction to the flow of blood, and a possible subsidence of the internal congestion. A continuation of this effect would lead to the first stages of tissue change. If the amount of alcohol ingested is at once utilized in the equalization of animal heat no harm can result, but if more than this amount is received into the economy the excess acts immediately on the blood corpuscles by abstracting their watery constituents, and also impedes the purification of the blood and elimination of carbonic acid. In this respect it differs from fat, with which it is allied as a diet, which latter may be stored up in its proper place, whilst the excess of alcohol is always stored in the tissue of an organ. He further adds that the poisonous nature of alcohol in large and continuous doses has never been doubted.

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[1] Il Raccoglitore, Nos. 10, 11, 1877, and Practitioner, March, 1878.

[2] Gazette des Hôpitaux, August 2, 1877.

[3] British Medical Journal, May 18, 1878.

Chloroform in Neuralgia. — M. Besnier[1] calls attention, among other references, to the reports of the Boston City Hospital service,[2] as showing the utility of the hypodermic injection of this remedy. Desirous of preventing the inconveniences attached to "acute or chronic morphinism," he would substitute the use of chloroform for morphine in any form of pain, and not limit its application simply to neuralgia. He proposes as the only proper method of hypodermic operation to insert the needle point before attaching the syringe, afterwards to screw on the syringe containing the chloroform, and immediately to introduce this substance under the skin into the cellular tissue; if, however, a drop of blood follows the insertion of the needle point the latter should be withdrawn, as this would show that the subcellular tissue or a vein had been punctured. He says that the "subcutaneous cellular adipose tissue" is insensitive, and very rapidly absorbs chloroform without "physiological or other inconveniences." If the chloroform has become impure (acid, for instance) it will cause pain at the place of introduction. M. Hardy[3] reports that chloroform kept for a little while, especially in a warm and light place, will become acid. The injection of one gramme produces a local anæsthesia which may gradually extend for a short distance from the point of injection. The sample of chloroform for hypodermic use should always be tested by litmus paper, and if found acid it will assuredly cause pain at the place of introduction; care should be taken not to inject into a vein or below the layer of adipose tissue.

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[1] Gaz. méd. de Bordeaux, January 17, 1878, page 34.
[2] Vide JOURNAL, May 25, 1877.
[3] Idem.

That chloroform can be rapidly absorbed when locally applied was proved by the reporter[1] in certain experiments on animals, in which, ten minutes after the subcutaneous introduction, the vapor of chloroform was detected by an analytical test in the expiratory exhalations of the animal.

Ergot, Ergotine, etc. — M. Tauret, of Troyes, reported to the Académie de Médecine some experiments with the active principle of ergot, and his deductions are the subject of an editorial.[2] The process by which M. Tauret separated these reputed active principles has not been perfected, nor its details published. However this may be, he states that his crystallized "ergotinine" gives the reactions of an alkaloid; that it is white, insoluble in water, but soluble in alcohol or ether; it absorbs oxygen from the air very rapidly, and becomes transformed under the influence of light into a dark resinous substance; it makes a stable compound with narcotin, but combines so feebly with acids that their crystallized salts are not very stable; if this ergotinine be dissolved in a small amount of ether, and sulphuric acid (diluted to one seventh) be then added, the mixture assumes a reddish-violet tinge which afterwards changes into blue. This alkaloid is contained in ergot in the proportion of one to a thousand. A dose of two to four milligrammes produces similar effects on the uterus to those following the administration of thirty to sixty grains (about two to four grammes) of ergot.

Dr. Coghill[3] reports a case of exophthalmic goitre in which he used subcutaneously Savory and Moore's gelatine and ergotine discs. He began with one third of a grain (about two milligrammes), and gradually increased the dose to one grain (six milligrammes). The fluid extract of ergot failed to produce any beneficial effect on the enlarged gland, but after the use of the ergotine "the tension and vascular enlargement rapidly subsided." The nutrition of the whole body seemed affected during this treatment, as the patient lost fourteen pounds' weight without corresponding loss of strength or other deterioration of health. This method of treatment was first suggested by Hildebrandt, of Königsberg. Dr. Grose[4] speaks of the great advantage of using the above-named ergotine discs for hypodermic injection, severe uterine hæmorrhage being quelled five minutes after its administration by this method.

Dr. Roland Curtin[5] also used the hypodermic injection of ergotine (ten minims of a solution having a strength of twelve grains to a drachm) two or three times a week. After a period of four or six months the gland, which had at first hardened, began to shrivel, and very soon after returned to its normal size. The injection was attended with very little pain, which if it existed at all was usually local and confined to the origin of the sterno-cleido-mastoid muscle. Most of his cases, twenty-four women, had uterine complications. His experience would suggest that ergotine is only of value in simple hypertrophy of the thyroid gland. It is well to observe here that many of the so-called specimens of ergotine are worthless, and that Dr. Squibb, of Brooklyn, has endeavored to meet this want by preparing an aqueous extract of ergot,[1] about five times the strength of ergot and of the same strength as the fluid extract of ergot (or grain for minim). The solution of this solid extract in water causes no local inflammation after its hypodermic use.

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[1] New York Medical Journal, June, 1872, page 619.

[2] Le Mouvement médicale, November 14, 1877.

[3] Lancet, August 4, 1877, page 158.

[4] Idem, November 17, 1877, page 723.

[5] Medical Record, 1878, page 335.

(*To be concluded.*)

ANNUAL MEETING OF THE ESSEX NORTH DISTRICT MEDICAL SOCIETY.

MAY 1, 1878. After the transaction of the ordinary business, Dr. J. R. Nichols read a paper on Florida as a Health Resort, since published in the *Boston Journal of Chemistry.*

Dr. Otis Fernald, of Haverhill, read a paper on Nervous versus Blood Diseases, of which the following is an abstract: Successful therapeutics is dependent on accuracy in diagnosis and a correct knowledge of the causes of disease. We are probably looking in a wrong direction for the first cause of many of our so-called blood diseases, while we are bestowing too much attention upon the actual lesion, ignoring the importance of its ætiology. Often the most prominent symptoms are really of but secondary importance, that is, brain symptoms in carditis, hydrocephaloid in enteritis of children, or functional disturbance of the heart in organic disease of the kidneys. The tendency of modern thought is to locate the trouble in the blood, and to regard the nervous system as of secondary importance.

The present epoch in medical science is peculiarly fertile in the means of investigation, and our researches are not considered complete unless the blood and secretions are subjected to microscopical analysis. In this way ancient theories and landmarks are being supplanted by new ones, and on account of the avidity with which the modern theories are received there is danger that more or less of error will find acceptance which must necessarily lead to faulty therapeutics.

The reader recognized the immense utility of modern investigation into the causes of disease, but protested against accepting all the conclusions as a basis of practice. Important practical results have incidentally followed the search after evidence in support of some preconceived theory. The science of astronomy was the outcome of astrology. Chemistry was the fruit of the vain pursuit after the philosopher's stone.

It is an indication that something is wrong when we claim to know so much about disease, and yet our therapeutics occupies such a subordinate position.

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[1] Vide Proceedings of the American Pharmaceutical Association for 1874.

The theory of "peccant humors" requiring to be expelled from the body, which prevailed in Cullen's day, is just as dominant now, and "blood poison" is a stereotyped phrase and common explanation of the cause of most diseases, while the nervous system is relegated to a subordinate position. "Blood-cleansing medicines" are still the popular agents in the treatment of disease. "Blood poison" should *generally*, at least, be considered an *effect* rather than a cause, and our remedies ought to be directed to the vital elements of the nervous system and the chemical constituents of the blood. Whether the researches of Professor Salisbury are true or not, they will prove useful by leading us to search elsewhere for truth. He finds, in all diseases, the causes in the blood, in the form of animalcules or fungi. Admitting the truth of their presence, may they not be an effect rather than a cause, or at most no more than a coincidence? Sulphate of quinine, the most effective remedy against intermittent fever, must produce its effect in some other way than by entering the circulation and chemically destroying the poison supposed to be the cause of the disease. Our knowledge of the minute organisms called cryptogamic fungi and animalculæ is so limited that there is not sufficient reason to connect their existence with disease in any way. Certain so-called blood diseases are more promptly relieved by medicines which act specifically upon the nervous system. Inflammation is but a modified nutrition of the part, and its phenomena are the accidents and not the essence of the process. Scrofula and tuberculosis are likewise regarded as the product of malnutrition, developed usually in a system tainted through heredity. The ancients believed that gout and rheumatism were due to "peccant humors" which were distilled "drop by drop" into the joints. Uric acid is the "peccant humor" of the present day in these diseases. If they depend on uric acid for their cause, why does not the alkaline treatment uniformly cure them? Dr. Fuller, of London, finding that carbolic acid removes the urates in the urine, was disappointed in his expectation that it would control the formation of uric acid and cure the gout.

Would it not be more logical to regard these diseases as the result of faulty nerve structure or function? The action of the galvanic battery in the decomposition of chemical compounds and the formation of other compounds may be analogous to the action of the nervous system, and no doubt the latter is chargeable justly with the production of morbid products in the blood. It is the nervous system which controls and directs the functions of the heart and blood-vessels, which determines the character and quantity of the various secretions of the body. Healthful secretions depend on the healthy condition of the nervous system, and *vice versa*. Illustrations of this fact may be found in the earthy phosphates formed in the kidneys after injury to the spinal cord, in the flow of saliva at the thought of food, in the excessive secretion of urine n hysterical paroxysms, in the effect of emotions of grief or passion on the secretion of milk, etc. These, with many other instances which might be mentioned, prove the dominant influence of the "vital force." In what manner this effect is produced we are as ignorant as is the chemist of the manner in which electricity decomposes his chemical compounds.

The general subject of the paper was illustrated by the history of a case of aphonia, of seven years' duration, following an attack of fever. Excessive functional derangement of the stomach, sleeplessness after any excitement, with an extreme amount of pain without any appreciable cause, were the prominent symptoms. Tenderness of the whole spine accompanied the catamenia, which were regular, but painful and often excessive.

The symptoms indicated uterine disease, and this diagnosis was confirmed by an examination, which disclosed the existence of inflammation of the os and cervix.

Treatment soon relieved the local symptoms and the accompanying dyspepsia, and consisted of tonics and the local application of leeches, caustics, and astringents. The patient was discharged in two months, entirely cured of the aphonia.

Dr. Hurd, of Newburyport, remarked that the essay served to bring to remembrance the old controversy between the humoralists and the solidists. He did not agree with the essayist that the tendency of modern ætiology was to locate disease in the blood, while nervous lesions were considered of secondary importance. Modern therapeutics emphasizes the action of the drug on the nervous system, and it is especially since the wonderful discoveries of Claude Bernard, Velpeau, and others in the vaso-motor system of nerves that the *modus operandi* of remedial agents has begun to be understood. There is nothing really subtle about life but the evolutive force. (Here he alluded to a recent paper on Life by the late Claude Bernard, in the *Popular Science Monthly* supplement, in which the great savant had conceded this.) He affirmed that the doctrine that a mysterious metaphysical entity lies behind the molecules of the nervous system, which through the nervous system controls all physiological and pathological processes, is a relic of barbarism. The nervous system derives its structural integrity and its properties primarily from the undifferentiated protoplasm out of which it is evolved, and secondarily from the nutritive materials supplied to it from the blood. Give the nerve centres bad blood, and they will respond badly to excitations. Materially change the nutritive fluid, and a deteriorated nerve force or none at all will be evolved. A healthy state of the nervous system implies a healthy state of the blood; and not merely this, but a healthy state of all the tissues, for the human organism is a solidarity.

Dr. Nichols, of Haverhill, thought that the tendency of modern thought was largely in the direction indicated by Dr. Hurd. It is quite proper to explain the less understood processes by those that are better understood, and to get visions of the unknown from the stand-point of the known. Claude Bernard was a revolutionist in thought, but in conceding "an evolutive force" he had conceded a great deal. There are, moreover, certain potencies of the nervous system that we cannot well explain. He himself had the power, by an effort of the will, to prevent the physiological action of a large dose of morphia. By a similar effort of the will he could excite his salivary glands to action. The effects of fear, hope, and other emotions on the organic processes are well known.

The president, in reviewing the remarks of Dr. Hurd, thought that the term "evolutive force" might be made to cover all that the supernaturalist would claim.

PROCEEDINGS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.[1]

EDWARD WIGGLESWORTH, M. D., REPORTER.

AUGUST 28, 1878. The second day opened with a business meeting. It was agreed to meet upon the last Tuesday in August, 1879, at New York. The officers elected for 1878–79 are: president, L. A. Duhring, of Philadelphia; vice-presidents, J. N. Hyde, of Chicago, S. Sherwell, of Brooklyn, N. Y.; secretary, R. W. Taylor, of New York; treasurer, J. E. Atkinson, of Baltimore. As active members were elected, Drs. E. B. Bronson, of New York, F. B. Greenough, of Boston, G. H. Rohé, of Baltimore.

The first paper was by Dr. Duhring, A Case of Inflammatory Fungoid Neoplasm, extremely interesting; reserved for publication.

In the absence of W. A. Hardaway, of St. Louis, his paper, Treatment of Hirsuties, was read by the secretary. A needle was to be inserted into the hair follicle, and then a galvanic battery employed, thus cauterizing the hair follicle. Or a needle might be used simply moistened with a solution of chloride of zinc, one gramme to twelve grammes of water. Then the hair could be easily withdrawn.

Dr. Piffard had used galvanism. He drew the hair first. He used iridio-platinum wire. If attached to the positive pole a scar is left. He operates only upon large medullate hairs, not upon downy ones. It is not needful to hit the follicle exactly. Hill's battery, eight to ten cells, is applied for half a minute on the average, or until a white line is formed one half mm. around the follicle.

Dr. Fox uses the plan of Dr. Piffard. The operation is very trying to the eyes of the physician; more so than to the nerves of the patient.

Dr. Heitzmann used a nickel-plated pin and fuming nitric acid, inserting it deeply, and destroying some fifty hairs at a sitting. The pain is trifling, with some hæmorrhage. The hairs return after four months.

Dr. White alluded to the necessity for destroying the follicle as well as the papilla, if, as some anatomists say, a follicle may form a new papilla, and this a hair. He had used chloride of zinc, but the effects had been such that he would not try it again.

Dr. Duhring destroyed follicles and papillæ of many hairs at one sitting, with only slight pain, by means of a three-cornered needle inserted and revolved until a drop of blood appeared. When the hairs were large the results were fairly satisfactory.

3.30 P. M. Dr. Piffard read A Case of Gangrænopsis. A syphilitic child was treated by mercury at the hospital. In two days a nodule appeared near the ala nasi, and in twenty-four hours broke down and became gangrenous, spreading rapidly over the nose and face. A hypodermic injection of quinine was administered, and the point of insertion became a centre of gangrene. The child died. There was necrosis of the malar and other bones, partial pneumonia, with some centres of gangrene in the lung, and the blood was like cherry juice. Dr. Piffard was inclined to regard the case as one of pustula maligna, or else due to mercury.

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[1] Concluded from page 346.

Drs. Heitzmann, Duhring, and others regarded the case as noma (cancrum oris) and disagreed with the writer as to the possibility of such symptoms as these being ever due to mercury.

Dr. Sherwell read a paper upon The Use of Linseed and Oil as Therapeutic Agents in Diseases of the Skin. These are used to give glossy coats to animals, are fattening and laxative. The seed from Bombay is larger, and contains more and sweeter oil. He gives this seed to men to carry in the pocket and eat at intervals; to women and children as a bread or a porridge with milk. The taste is not unpalatable. It is of value when the skin is dry and harsh, when the oil may be used externally.

Dr. Piffard understood that linseed bread could be made so as to contain no starch, and might therefore be used in diabetes. The oil contains no iodine, and may be therefore more fattening. The seed makes a lighter bread than pure white flour, since it is so oily that it contains its own "shortening."

Dr. Atkinson then read a valuable paper upon The Botanical Relations of Trichophyton (tinea tonsurans). He said: —

Previous investigations into the botanical relations of the microscopic vegetations giving rise to certain skin diseases have been fallacious on account of the faulty methods employed. Cultivation upon sliced vegetables, as carrots, apples, etc., so inevitably become overwhelmed by adventitious growths as to make a definite conclusion from them impossible. But little less objectionable are the slide and mass cultures employed by recent mycologists, since there must necessarily occur far too frequent exposures in the repeated uncovering of the objects for investigation, etc. A method guaranteeing absolute purity to the cultivation is that employed by Van Tieghem and Le Monnier in their researches into the Mucorini. This plan is as follows: —

A glass ring, four to five mm. in height, with an interior diameter of about fifteen mm., is fastened to a glass slide by means of Canada balsam; the spore to be cultivated is then sown in an appropriate nutritive fluid upon a very thin cover-glass, the diameter of which is equal to that of the glass ring. The cell is then completed by laying the cover-glass, with the nutrient drop underneath, upon the glass ring; a few minute drops of oil upon the surface of the latter, upon which the cover-glass rests, serve to protect the cell from external influences. All fluids and appliances must be as pure as it is possible to make them. This method may be called the "cell culture." In a cell like this a very small portion of hair-shaft, drawn from the follicle, is sown; the nutritive fluid being either orange juice, Pasteur's fluid with or without sugar, decoction of horse-dung, or any other approved fluid, the first two being preferable.

In a majority of cells thus planted there will be no change; some will develop bacteria or molds of adventitious nature. In a few cells a mode of development will take place which is characteristic of the fungus of trichophyton, and can readily be distinguished from foreign fungus, the latter either thrusting its hyphæ under the cover-glass, or developing within the cell from a single centre and being readily discoverable, the mass of trichophyton spores remaining entirely quiescent. Where, however, the cultivation is a successful one there is a simultaneous, uniform, multitudinous growth of hyphæ, accompanied sometimes by a decided swelling of the spores, which may become of many times their original size (*figure shown*); the latter, however, soon ceases as the growth of hyphæ becomes vigorous. This activity begins to show itself at the end of from twenty-four to thirty-six hours, or even later, and is completed in about ten days. Where the nutriment has been abundantly supplied, the tendency of the hyphæ is to form a dense mycelium and but few reproductive organs. In cases where the nutriment soon becomes exhausted, these organs appear more speedily either with or without the development of septa in their hyphæ.

These reproductive organs are sporangial in character, and occur in the case of the mucors. They do not often, however, produce perfect sporangia, the columellæ being frequently absent, or flat instead of conical, and the formation of spores being very limited. It is well known that under certain unfavorable influences mucor may be arrested or deformed in its growth.

Another kind of growth is an indication but not a completion of the broad cell formation of certain forms of mucor consisting of a centripetal segmentation of the hyphal ends. Under more favorable influences these segments probably become separated, which condition occurs almost certainly in the growth in the hairs upon a patch of tinea tonsurans. The fungus unquestionably belongs to the mucors, probably to the mucor mucedo.

That, in the very much larger proportion of cells, the sowing can be effected so as to secure an absolute freedom from other spores is proved by the fact that in those cells the spores of which did not germinate it was the rarest occurrence to observe any other growth. Bacteria most frequently occurred; penicillum very rarely, in a manner widely different from that of the trichophyton, and always from one or two centres, whereas the latter invariably showed a medusa-like growth of a multitude of the spores, which could be traced even from the first signs of vital activity.

In no case of successful cultivation was any other result obtained than the one shown and reported. The difficulty with which the spores germinated made the sowing of a small portion of hair-shaft preferable to the planting of a single spore, since the chance of selecting a viable one was infinitely small, and the characteristic, uniform mode of growth was regarded as most positive evidence.

These results were also obtained in "slide cultures," but were recognizable in the mass of adventitious growth only through the knowledge gained in cell cultivation. The method is one easily practiced, and requires only care, attention, and perseverance in spite of many disappointments arising from the tendency of the spores to remain quiescent.

The last paper in this session was by Dr. Van Harlingen, A Case of Ulcerative Scrofuloderm, and is reserved for publication in the *Archives of Dermatology.*

August 29, 1878. The association met at ten A. M. The exercises began with a paper by Dr. R. W. Taylor, entitled A Further Contribution to the Study of the Xeroderma of Hebra, based upon cases described at the last annual meeting. The name is a bad one, and often confounded with xerosis. The name proposed by the committee on nomenclature is Dr. Taylor's title, — Angioma Pigmentosum et Atrophicum. There is first an erythematous or vascular condition in small reddish spots, which become pigmented later, though some may be brown from the first. In the red spots of longest duration the atrophic changes take place. Within an area of three centimetres red spots will come and go, brown ones will come and go, and where brown ones were red ones will appear in turn. Thus arise the atrophic changes, there being at first a proliferation of new cells and a deposition of pigment, and then degeneration with absorption and cicatricial formation. Where the atrophy is marked there is no further deposition of pigment, and even previous coloration disappears, the calibre of the blood-vessels being obliterated by compression. Vascular regions subjected to tension, such as the cheeks over the malar bones, the forehead, etc., are the parts most commonly affected. Of the portion attacked only about one fiftieth atrophies, giving the "parchment skin," showing xeroderma to be an inappropriate designation. In some cases there occur upon the face tumors composed of blood-vessels and inflammation cells. These have been regarded as epitheliomatous, but may be only inflammatory growths. The disease may end in early life without harm, except pigmentation, which seems to endure indefinitely, and may even make the patient hideous.

Dr. Heitzmann, who was the first to see and diagnosticate these cases in consultation, thought that the disease invaded by preference parts of skin exposed to the light. Cases vary in severity. He recognized the epithelial variety beginning as a sort of raised freckle, gradually increasing in height and depth, and finally ulcerating, and even becoming the superficial form of carcinoma of the skin. This accords with Kaposi's views. Dr. Heitzmann has a mild case, with a favorable prognosis, at present under treatment by the scraping spoon. The patient's general health is excellent.

Dr. Duhring has under treatment a case of seventeen years' standing, but still of the mildest form. Here pigmentary lesions were the first to appear. On the mammæ and legs there are spots like lentigo, but no vascular growth.

Dr. Taylor added that mothers usually regarded the disease at first as sunburn; then later they called in some physician, who generally pronounced it measles. He himself did not at first recognize the initial red spots, but had now been able to observe their appearance, and to study them with a glass, in a good light, and verify their existence. The cause must be nervous or vascular. Later the pigment may resemble, and even be dug out like, grains of gunpowder.

Dr. Heitzmann stated that the tissue between the vessels in these cases is myxoma, and the process a myxo-angioma. Myxoma is a new formation, not an inflammation tissue, and often occurs with angiomata. He would accept the new designation.

A paper by the president, Dr. J. C. White, A Case of Recurrent Cutaneous Hæmorrhage with Urticarial and Bullous Efflorescence, was next in order, but this was by his kindness and upon his suggestion read by title only, to gain time for the report of the committee upon nomenclature. This committee had been appointed in accordance with his suggestion, — first to the International Medical Congress, and then to this association. As chairman of it he now presented for adoption the scheme agreed upon. This was adopted after discussion, and will be printed. After the retirement of the old and the induction of the newly elected officers, the association adjourned, to meet in New York upon the last Tuesday of August, 1879.

THE LAW OF POPULATION.[1]

THIS pamphlet, as every one knows, has achieved great notoriety, — a notoriety, it must be added, of a most pernicious and regrettable kind. Whatever regrets, however, its publication and its extensive circulation must have caused all decent people, we are hardly so simple as to expect the author and publisher to share them. They have, no doubt, abundant and substantial reasons of their own for feeling eminently satisfied with their undertaking.

The pamphlet is simply a nasty thing, and there can be little doubt but that it has been bought and read chiefly by nasty people for the sake of its nastiness. Whether such readers, however, were rewarded by finding in it exactly the kind and amount of nastiness they looked for is perhaps doubtful.

This said, we will add that the work is by no means badly executed. The argument, such as it is, is clearly and forcibly presented, and the ingeniously perverse fallacy which underlies it is set forth in a way that might go far to unsettle the judgment of careful and reflecting readers, if one could imagine it likely that the book should have found its way into the hands of such. There is, however, but little danger to be apprehended from the effects of any of the *arguments* advanced in this tract. Of the many readers who have so greedily devoured its contents very few can have cared to follow out or try to understand the argument which it is its ostensible object to set forth. Their interest lay in another direction.

Admitting that such a book might possibly have been written in all sincerity, for the purpose of elucidating a social problem and of inculcating salutary though disagreeable truths, there is an obvious difficulty in the way of those who seek reform in such matters in the manner adopted by Mrs. Besant. Such is unfortunately the well-known natural depravity of mankind — unsuspected, perhaps, only by a few social reformers and publishers — that such books as this inevitably find their way into the hands of others than those to whom they are ostensibly addressed. The buyers and readers of books on this and other kindred subjects are, with few exceptions, found only among those who are personally unconcerned in the questions at issue, incapable of comprehending the problems raised or the solutions proposed, and in no position to avail themselves of the proffered remedy. In a word, such a book, though purporting to be written for the serious edification of fathers of families, in reality finds its most numerous and eager readers among idle and dissolute men, and among dirty-minded boys and girls. This unfortunate result, we repeat, is inevitable, whatever may have been the intentions of author or publisher. This class of buyers, however, is so extremely numerous, and so feverishly eager to gratify its vicious tastes, and the trade in prurient literature is consequently so remunerative, that it is not easy in such cases to believe that author and publisher do not know pretty shrewdly what they are about, however skillfully the real character of their publication may be dissimulated.

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[1] *The Law of Population: Its Consequences and its Bearing upon Human Conduct and Morals.* By ANNIE BESANT. Authorized American from the twenty-fifth thousand, English edition. New York: Asa K. Butts. 1878. Pp. 47.

It is unnecessary to attempt any discussion of the questions raised in this pamphlet. We will only say that in it the Malthusian doctrine of the inadequacy of the obtainable means of subsistence for the wants of growing mankind is set forth, and the necessity of curtailing births is inferred. The remedy proposed for the ills of mankind is simply — we can mention it in these pages without offending decency — the prevention of impregnation by means of a sponge inserted in the vagina before indulgence in the sexual act. Such is the procedure recommended to married men and heads of families — after full consideration of all the other possible means and precautions whereby copulation may be rendered sterile — by "the eloquent lady who wrote this work," as the author is styled in the publisher's note.

It is a familiar fact to those who have to become acquainted with human nature in all its phases, that women, when once they have departed from the traditions of feminine decency or virtue, are very apt to lose even the most elementary sense of propriety, to throw over every restraint, and outdo the other sex in boldness and immodesty. It is this infirmity which renders the doings of certain unsexed women so injurious to the very cause they have at heart to advocate and help, namely, the so-called emancipation of women. Another illustration of this mischievous tendency is exhibited in certain "drawing-room lectures" on nursing, recently advertised to be given in London by a lady to ladies, in the programme of which the following items of instruction figured: "Obstetric nursing. Syringing per vaginam. Passing speculum. Method of passing vaginal tube. Various applications for syringing. Plugging and, when required, leeches to os uteri. *Removal of syphilitic growths*," etc., etc.[1]

Now, in answer to all this revolting nonsense, we would say that we do not believe that married men and fathers of families want "Annie" Besant or any other "eloquent lady" to teach them how they may copulate to the best advantage, — for, in plain English, that is what the author of this pamphlet undertakes to do. We think that all the rigors of the law regulating obscenity should be brought to bear in such cases, and that where the law fails to afford a check, public opinion should be aroused to a full comprehension of its duty against this singularly indiscreet class of transgressors.

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LESSONS IN LARYNGOSCOPY.[2]

THE only change made in this second edition of this well-known manual, which appeared originally in 1873, is an improvement of the coloring of the plates. It has the very serious and very annoying deficiency of wanting both table of contents and index.

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[1] See the Lancet, May 18, 1878, page 734.

[2] *Lessons in Laryngoscopy: Including Rhinoscopy and the Diagnosis and Treatment of Diseases of the Throat.* By PROSSER JONES, M. D., M. R. C. P., etc. Second edition. Illustrated with colored plates. London: Ballière, Tindall, and Cox. 1878. Pp. 176.

THE FUNCTIONS OF MEDICAL EXAMINERS.

THE Concord *Freeman* of August 29th contains the following item: "Wm. Martin, twenty-six years old, rushed from his solitary cell on the afternoon of the 20th, when the door was necessarily opened by the officers, secured a knife and hook from a shop, and ran for his cell, at end of upper corridor, west wing, and though summoned to give up his weapons refused to do so, advanced against his pursuers, and was mortally shot by officer Owens through the liver. He lived till Thursday morning, having had the presence of his mother, aunt, and spiritual adviser prior thereto. Body sent to Newburyport.

"Medical Examiner Barrett rendered a verdict that the man was shot by the officer in self-defense, and further examination was unnecessary."

If there was any one thing which particularly commended the change from the coroner system to that now required by the statutes it was the assignment of the different questions in a case of supposed death by violence to the professions competent to decide those questions. It was the curse of the old system that the coroner was the medical expert witness, the judge, the prosecuting attorney, and oftentimes the jury; and it is the chief merit of the new system that under it the medical man has simply the duties of a medical man to perform, and all questions of law are to be determined by a judge, an expert in the law. Now if the above-quoted item is correct, as there is every reason to believe it is, and such a proceeding on the part of any medical examiner is allowed to pass without comment, it will be but a short time before we shall be in a condition a thousand times worse than ever in regard to the investigation of violent deaths. The old juries, stupid, incompetent, possibly sometimes corrupt, were certainly, as a whole, less likely to come to a decision entirely wrong in a given case than would be a single bad man, who by some chance had secured an appointment as medical examiner. The language of the statute now in force is perfectly plain. Section 9 provides, "If upon such view, etc., he shall be of the opinion that the death was caused by violence, he *shall at once* notify the district attorney and a justice of the district, police, or municipal court for the district or city in which the body lies, etc." Section 10 provides that "the court or trial justice *shall* thereupon hold an inquest, etc." There is no discretionary power whatever in this matter left to the medical examiner. Now in the case of William Martin there could be no shadow of doubt that his death was a death by violence, and a death by violence not only within the letter but within the meaning of the statute. It is claimed with good show of reason that the law did not contemplate an inquest in every case of misadventure simply where the death was "violent" in contradistinction to "natural," but that it only intended to provide for inquests where the death being a violent death might have resulted from the act or carelessness of some other person, the question of how far that act or carelessness was criminal being left to the judge. But at the State Prison the man was shot down by an officer, and it was clearly an act of violence proceeding from some other person that caused the death. There can be no doubt whatever that the *personal* judgment of the medical examiner was correct, nor is it to be doubted that an inquest would have resulted in a verdict of exculpation for the officer; but it was the *official* action of the medical examiner which was wrong, — wholly wrong, and in express violation of the provisions of the statute under which he holds office. He had simply to determine the question of violence. Having determined that point, he had no power to say whether such violence was criminal or justifiable; that is the business of those whose professional training fits them to decide such points. Dr. Barrett's motive and intentions in the case cannot be called in question, but it is exceedingly unfortunate that a man of his position should have made such a mistake, which if allowed to pass unnoticed might induce others to believe that they also had judicial functions; and finally some bad man, under the cover of precedent, and for motives of emolument or self-advancement, would be enabled to cover a crime of almost any enormity, or allow the criminal to escape. If the statute is complied with, such an abuse is absolutely impossible. It is to be hoped that a similar item may not be seen again in any newspaper of this State, and that the medical examiners will have regard enough for the law and the success of the system, which has already shown itself to be vastly superior to any former method of investigation, to confine themselves strictly to their own functions, without assuming those which belong to another officer of the law.

MEDICAL NOTES.

— Messrs. William Wood & Co., of New York, propose to issue a monthly series of volumes, during the coming year, to be sold at the very moderate price of one dollar each. Subscriptions only for the entire set will be received. This includes such books as Hilton on Rest and Pain, Edward Ellis's Manual of the Diseases of Children, Tait's Diseases of Women, and Diseases of the Intestines and Peritoneum (taken from Reynolds's System of Medicine). This we consider a move in the right direction, and one which will prove profitable to both publisher and purchaser.

— From Dr. J. B. Hamilton, surgeon Marine Hospital Service, we learn that at the last session of the medical examining board of the United States Marine Hospital Service, held in Washington August 5 to 11, 1878, thirteen candidates presented themselves for examination out of thirty-one applicants; of those who appeared three were found qualified, and have just been appointed assistant surgeons.

— Ovariotomy in a child eight years old was recently performed with success by Spencer Wells. — The University of Edinburgh has conferred the honorary degree of LL. D. on Dr. Risdon Bennett, Sir Joseph Fayner, and Professor Lister. — Dr. John Sibbald has been appointed commissioner in lunacy for Scotland *vice* Sir James Coxe, recently deceased. — M. Moussous has been made professor of the obstetric clinic in the faculty of Bordeaux in the place of M. Labot, deceased. — During his life Rokitansky performed no less than thirty thousand autopsies. — Pasteur has been made foreign associate of the Royal Academy of Sciences in Stockholm.

— The Cincinnati *Clinic and Lancet* says Dr. Tower believes that when once yellow fever has become epidemic in a city the unacclimated have no security except in flight. In his opinion there are no cities out of the Gulf States in which it can in any sense be said that citizens are acclimated to yellow fever.

LETTER FROM RHODE ISLAND.

Mr. Editor, — The sixty-seventh annual meeting of the Rhode Island Medical Society was held in this city on the 12th of June last. A noticeable feature of the meeting was the large attendance of members from the rural districts. Our State being small, the society is not divided up into county societies like that of Massachusetts and other large States, but meetings are held four times a year, usually in Providence. As many of the out-lying towns are not of easy access to the city, the presence of so large a delegation from the country shows a commendable degree of fraternal feeling and professional interest among the members, and promises well for the advancement of the profession in this State. The annual meeting is intended principally for the transaction of business, while the quarterly meetings are devoted to the reading of papers and the discussion of medical topics. So well was this purpose carried out this year that there was very little in the proceedings which possessed any general interest.

The meeting was called to order by the president, Dr. Charles H. Fisher, of Scituate, and after a few words of welcome and congratulation from him the society proceeded to the hearing of the reports of committees and the transaction of various business matters. The report of the trustees of the Fiske fund showed that the prize of two hundred dollars had been awarded to George E. Waring, Jr., of Newport, for an essay upon The Causation of Typhoid Fever.[1] This is the first time since the establishment of the fund that a prize has been awarded to a person outside the ranks of the medical profession. The subjects proposed for next year are: (1.) The Artificial Feeding of Infants. (2.) Cholera Infantum: Its Causes, Diagnosis, and Treatment. (3.) The True Value of Electricity in its Application to Surgery. For the best essay upon either of these subjects a prize of two hundred dollars is offered.

The next business was the report of the board of censors. The only point of interest in this report was the judgment of the board in regard to a case of alleged violation of the code of ethics, in which the complainant charges a member of the society with visiting and prescribing for a patient whom he knew to be under the professional care of the complainant at the time. The board of censors reported that they found the charge substantiated by the evidence offered, but as the respondent wished to submit further evidence of his innocence, all action in the matter was postponed to the next quarterly meeting. Another case very similar to this is now before the board of censors, in which the parties concerned are two physicians of the neighboring town of Pawtucket. While it is extremely unpleasant to witness disagreements between members of the same society, it is gratifying to the greater part of the profession to know that the society is ready to take cognizance of such breaches of professional etiquette. For a long time it has been evident that many of the older members have felt great unwillingness to enforce the code of ethics, and its frequent violations have passed unnoticed. But of late the younger portion of the profession, who have most need of the protection afforded by a strict enforcement of the code, are showing a disposition to require a more rigid observance of it, and as they hold the "balance of power" we may reasonably expect that so desirable a result will be accomplished. To illustrate the indifference which has prevailed in regard to the requirements of the code, I will relate a case which has attracted considerable attention here during the past year. A physician came to this city from a town in Massachusetts, and entered the office of one of our oldest regular practitioners. In a few days after his arrival he published in a daily paper an advertisement in which he stated that he was a member of the Massachusetts Medical Society, that he had practiced eleven years in Massachusetts, and that he could furnish the highest testimonials of his success in the treatment of disease. At the quarterly meeting of the Rhode Island Medical Society in March, 1878, he applied for admission, and the board of censors recommended him, although their attention had been particularly called to the objectionable advertisement. Upon taking a vote of the society, however, he failed to get the requisite number of ballots, and consequently was not admitted. In the mean time he had left the physician whose office he had first entered, and soon after the refusal of the society to admit him to membership he was taken into partnership by another member of the society, with whom he still remains. The question now arises whether the society has a right to permit one of its members to maintain professional relations with a physician who has been pronounced irregular. As the board of censors has taken no notice of this palpable violation of the code it is to be inferred that they see nothing objectionable in it.

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[1] See Journal, July 18 and 25, 1878.

After the report of the board of censors, the annual election of officers was held with the following result: president, Dr. E. T. Caswell; first vice-president, Dr. George P. Baker; second vice-president, Dr. Charles O'Leary; secretary, Dr. W. E. Anthony; treasurer, Dr. C. H. Leonard. It is customary for the president of the society to prepare an address to be delivered at the annual meeeting, but owing to the amount of business to be transacted this address is usually either omitted altogether or postponed to the next quarterly meeting. The president announced that the latter course would be adopted this year, and thus our annual meeting was deprived of the only feature which would render it interesting to an outsider. The society then adjourned to the Narragansett Hotel to partake of the annual dinner, which was, as usual, a thoroughly enjoyable affair. The post-prandial speeches were of a high order, notably so that of Dr. Fifield, of the Boston City Hospital, whose remarks elicited a round of well-merited applause.

Last spring the legislature of this State established a board of health, consisting of six members, four of whom are physicians. This movement had been urged forward for a long time by a number of the medical men of this city, who felt that a large field was open for the work of such a body. The duties of the board, as set forth in the act, are essentially the same as in other States where boards of health have been established. In addition to these duties they are expected "to investigate the subject of diseases among cattle or other animals." An organization was effected by the election of Dr. David King, of Newport, as chairman, and Dr. Charles H. Fisher, of Scituate, as secretary. The active duties of the board devolve upon the latter officer, who receives a salary of twelve hundred dollars a year, while the other members serve without pay. As yet the public has seen but little result of the labors of the board, but nevertheless they have not been idle, and as time passes the fruits of their efforts will appear in such tangible shape as will justify their claim to become a permanent institution of the State. In April the board issued a circular calling attention to the prevalence of glanders among horses, and establishing certain regulations in regard to the care and isolation of animals thus affected. They have also just issued the first of a series of Public Health Tracts entitled Practical Sanitary Hints. This circular explains the relations of filth and decomposing animal and vegetable matter to the causation of diarrhœa, dysentery, typhoid fever, etc., gives directions in regard to the use of disinfectants and the ventilation of houses, and cautions the public against the use of contaminated well-water and the neglect of cleanliness in cellars, closets, etc. There has been no unusual prevalence of such diseases to call for the issue of this tract, but the board has acted upon the principle enunciated in the closing sentence of the circular, that "an ounce of prevention is better and far cheaper than a pound of cure." Some unfavorable comment has been excited by the fact that all the appointments to the board are of gentlemen outside of Providence. This fact becomes still more striking when we reflect that this city contains nearly one half of the whole population of the State. But as all the members are men of well-known ability, whose influence and interests are not bounded by the limits of the towns in which they chance to reside, I think no one can reasonably question the wisdom of the appointments.

PROVIDENCE, R. I.

SHORT COMMUNICATIONS.

CUTICURA.

MR. EDITOR, — In a recent number of the JOURNAL appeared an article in which the writer states that it "has come to his knowledge that physicians have prescribed 'cuticura' to patients having diseases of the skin, and with very bad results," etc. Now as this statement is entirely contrary to my own experience, I deem it important to state briefly the result my individual observations. I have prescribed "cuticura" in a number of cases, — in all ten or twelve, — and have never yet seen any of the bad effects referred to by your correspondent; on the contrary, have usually had most satisfactory results from using the same. I direct my druggist to put it up in the form of a prescription, and not as a proprietary article. I have used it on my own person for very obstinate eczema, and with good advantage, never having experienced any of the irritant effects referred to in the above-named article. In fact, with "cuticura" externally and two tar capsules thrice daily a complete cure seems to have resulted. Very truly yours,

LYNN, *August* 30, 1878. J. A. MCARTHUR.

ELASTIC ADHESIVE PLASTER.

BY DR. WILBUR P. MORGAN, BALTIMORE, MD.

FOR some time I have been trying to find an elastic covering that, being attached to the skin, would yield to the movements of that membrane and the parts beneath it without causing an unbearable sensation of stiffness or an uncomfortable wrinkling.

As there was nothing in our market to suit me I procured some india rubber, and giving it a coat of plaster, such as is recommended in Griffiths's Formulary under the name of Boynton's adhesive plaster (lead plaster one pound, rosin six drachms), I found the material I wished. After using it as a simple covering for cases of psoriasis, intertrigo, etc., I extended its use to incised wounds, abscesses, etc., and found it invaluable.

Placing one end of a strip of the plaster upon one lip of the wound, and then stretching the rubber and fastening the other end to the opposite lip of the wound, I had perfect apposition of the severed parts, the elastic rubber acting continually to draw and keep the parts together. When I have been unable to get the sheets of rubber I have used the broad letter bands (sold by all stationers) by giving them a coat of the plaster.

I do not know if this kind of plaster has ever been placed before the profession. If it has I can do no harm in again calling the attention of surgeons to it. If it has not, I feel assured that any one who uses it once will never again be without it, as it is cleanly, certain and satisfactory in its action, and fulfills indications that no other plaster does or can.

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ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT. — No. X.

OFFICE SURGEON-GENERAL U. S. M. H. S., WASHINGTON, *September* 14, 1878.

MEMPHIS. — During the week ended six o'clock, September 12th, there were 687 deaths from yellow fever. It is impossible for the Memphis authorities to ascertain the number of cases.

BROWNSVILLE, TENN. — The first case of probable yellow fever occurred on the 29th of August, resulting in death September 2d, since which time there have been nine deaths from yellow fever. There were thirty cases under treatment last evening. At least two thirds of the population fled the city between the 1st and 4th inst.

HOLLY SPRINGS. — One hundred and sixteen new cases of yellow fever and 42 deaths occurred during the week ended yesterday evening, making in all 216 cases and 67 deaths. All of the resident physicians are sick.

CANTON, MISS. — One hundred and fifty new cases of yellow fever and 20 deaths for the week ended yesterday evening. First case August 1st. Total cases 340; total deaths 50.

PORT GIBSON, MISS. — Dr. Wharton, of Mississippi State Board of Health, reports about 500 cases of yellow fever and 94 deaths to yesterday noon, and "very few subjects left to take it."

WATER VALLEY, MISS. — One citizen taken with yellow fever September 1st and died on the 7th. No other cases to yesterday evening since the refugee cases reported in August.

OCEAN SPRINGS, MISS. — Sixteen cases of yellow fever and four deaths occurred during the week ended yesterday evening, making 34 cases and nine deaths in all since commencement, August 30th.

PASS CHRISTIAN, MISS. — From August 29th to September 9th there were 15 cases of yellow fever and one death.

BAY ST. LOUIS, MISS. — Six cases of yellow fever developed in Bay St. Louis during the last week. Two deaths. No new cases yesterday.

PASCAGOULA, MISS. — One of the cases, previously reported, since died. No new cases.

NEW ORLEANS. — During the week ended yesterday noon there were 1528 cases of yellow fever and 530 deaths, making in all 6137 cases and 1925 deaths. In the last twenty-four hours to Friday noon there were 228 cases and 58 deaths.

PLAQUEMINE, LA. — One hundred and seventy-five cases of yellow fever and 37 deaths had occurred up to September 8th.

MORGAN CITY, LA. — There have been 25 cases of yellow fever and eight deaths, of which three cases and two deaths occurred during past week.

PORT EADS, LA. — No cases and no deaths from yellow fever during last week. There were 21 cases and two deaths from August 16th to 31st, — period not previously reported, making in all 67 cases and eight deaths.

MOBILE. — One death from yellow fever occurred on the 9th inst. No other cases to last evening. City healthy.

ST. LOUIS. — During the week there were two cases, of local origin, said by some to be yellow fever, disputed by others. One died; the other was sent to quarantine hospital, where nine refugees died of yellow fever during the same period.

CAIRO. — The editor of the *Cairo Bulletin* died of yellow fever on the 12th inst. One employé of the *Bulletin* office died yesterday. No other cases. On the 4th inst. four members of a family residing two miles from Cairo upon the bank of the Mississippi were suddenly stricken with yellow fever. On the 10th the remaining two members of the family were attacked; one died. The children found an abandoned skiff in the river and removed it to the house for repair. Three or four days afterward all who were around the boat were stricken with fever in one day. The quarantine physician dissents from the diagnosis of the attending and consulting physicians.

Hickman, Ky. — The telegraph operator reported dead. No other information obtained.

Louisville. — There were 19 new cases of yellow fever and seven deaths for the week ended yesterday evening, — all refugees.

Cincinnati. — From September 4th to yesterday evening there were seven cases of yellow fever and four deaths, all of whom were recently from infected places south.

Gallipolis, Ohio. — There have been 25 cases of yellow fever and nine deaths, resulting from communication with the steamboat John D. Porter and her barges while anchored near Gallipolis. This vessel and her infected barges ascended the Mississippi and Ohio rivers from New Orleans to Gallipolis with effect much like a firebrand among explosives. The local health authorities could only prevent her landing, and the law forbids this office interfering in such cases.

Key West. — One case of yellow fever and one death during the past week.

Kingston, Jamaica, September 3d. A few cases of yellow fever have occurred at Port Royal, six miles from Kingston; one proved fatal. The steamship Etna from Hayti arrived at Kingston on the 1st inst. with the purser sick of yellow fever contracted in Hayti.

Calcutta. — There were 11 deaths from cholera and 20 from small-pox during the week ended July 13th.

Bombay. — Twenty-two deaths from cholera and nine from small-pox: week ended July 23d.

Havana. — Fifty-one deaths from yellow fever and five from small-pox during the week ended September 7th.

During the week ended August 24th there 24 deaths from scarlet fever in Birmingham, England, and the same number in Liverpool and London. In Hamburg there were 31 deaths from typhus fever, 11 from enteric fever, and 20 from diphtheria in the same week.

In Alexandria, Egypt, the annual rate of mortality per 1000 of the population, based on the weekly mortality for the week ended August 8th, was 58.8.

No official reports could be obtained from Vicksburg, Grenada, Baton Rouge, Balton, etc.

Reports from other places indicate good health. John M. Woodworth,

Surgeon-General U. S. Marine Hospital Service.

COMPARATIVE MORTALITY-RATES.

	Estimated Population, July 1, 1878.	Deaths during week ending Sept. 7, 1878.	Annual Death-Rates per 1000 living.		
			For the Week.	For the Year 1877.	Mean for ten Years, '68-77.
New York.	1,093,171	530	25.21	23.42	28.71
Philadelphia.	876,118	308	18.28	18.80	21.54
Brooklyn.	549,438	240	22.71	21.51	25.50
Chicago.	460,000	158	17.86	17.83	22.39
Boston.	375,476	156	21.60	20.10	24.34
Providence.	100,000	36	18.72	18.81	19.20
Lowell.	55,798	30	27.96	19.09	22.50
Worcester.	54,937	17	16.09	20.06	22.30
Cambridge.	53,547	15	14.56	18.69	20.83
Fall River.	53,207			21.35	24.96
Lynn.	35,528	15	21.96	20.42	19.67
Springfield.	33,981	12	18.37	16.02	19.77
Salem.	27,140	8	15.33	20.38	21.15

Dr. Washington L. Atlee, the distinguished ovariotomist, died on September 7th. He graduated from Jefferson Medical College in 1829.

Dr. J. R. Wilbur, of Chicopee, Mass., died on September 7th, at the age of sixty-four.

Censors' Meeting. — See advertisement.

American Gynæcological Society. — The third annual meeting will be held in the hall of the College of Physicians, Philadelphia, on September 25, 26, and 27, 1878. The following titles of papers to be read have been received: Third Annual Address by the Vice-President, William Goodell, M. D. Leucorrhœa considered in Relation to its Constitutional Causes and its Constitutional Effects, by Ex-President Fordyce Barker, M. D. On the Surgical Treatment of Dysmenorrhœa, by J. Marion Sims, M. D. Dermoid Tumors of the Ovaries, by W. H. Byford, M. D. The Early Delivery of the Placenta when Prævia, with a Case of Spontaneous Detachment of that Organ without Hæmorrhage, by I. E. Taylor, M. D. A Case of Anteversion and Anteflexion at the End of Gestation, with Remarks on the Treatment, by I. E. Taylor, M. D. Alternate Anterior and Posterior Version of the Uterus, by S. C. Busey, M. D. A Case of Foot and Head Presentation; Fracture of the Spine in Utero, by J. T. Johnson, M. D. The Problem of the Obstetric Forceps, by A. H. Smith, M. D. The Hand as a Curette in Post-Partum Hæmorrhage, by H. P. C. Wilson, M. D. A Case of Extra-Uterine Pregnancy, with Discharge of the Fœtal Bones through the Bladder, by James P. White, M. D. Improved Tents, by James P. White, M. D. On some Points connected with the Treatment of Sterility, by A. Reeves Jackson, M. D. Rectal Alimentation in the Nausea and Inanition of Pregnancy, by H. F. Campbell, M. D. Three Cases of Ruptured Uterus, by T. Parvin, M. D. Gastro-Elytrotomy, by H. J. Garrigues, M. D.

Books and Pamphlets Received. — A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M. D. Lond. Philadelphia: H. C. Lea. 1878.

Elementary Quantitative Analysis. By H. Alexander Classen, Professor in the Royal Polytechnic School, Aix-la-Chapelle. Translated, with additions, by Edgar F. Smith, A. M., Ph. D., University of Pennsylvania. Philadelphia: H. C. Lea. 1878.

A Conspectus of the Different Forms of Phthisis, intended as an Aid to Differential Diagnosis. By Roswell Park, A. M., M. D. (Chicago Medical Journal.)

Involuntary Action of the Nervous System. Read before the American Dental Convention. By John J. Caldwell, M. D., Baltimore.

The Treatment of the Genito-Urinary Organs, the Use of Electricity, Damiana, etc. By John J. Caldwell, M. D.

The Numeration of Blood Corpuscles and the Effect of Iron and Phosphorus on the Blood. By W. R. Gowers, M. D. (London Practitioner.)

Annual Announcement of the Medical Institution of Yale College, 1878–79.

Transactions of the Medical Association of the State of Alabama. 1878.

Medical and Surgical Electricity. Beard and Rockwell. New York: William Wood & Co. 1878.

Double Optic Neuritis (Choked Disc) and Sloughing of the Right Cornea, etc. By Swan M. Burnett, M. D. (Reprint.)

Choroiditis Exsudativa. By Swan M. Burnett, M. D. New York: William Wood & Co. 1878.

Modern Stimulations, etc. By T. J. W. Pray, M. D. Concord. 1878.

On Fœticide. By Henry Gibbons, Sr., M. D.